

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE  
HIGH QUALITY CARE

1. Standards adopted by the State agency will be equal to those required of institutions and providers of medical care under Title XVIII of the Social Security Act.
2. During visits of medical review teams, quality of care is evaluated.
3. The State agency seeks to secure high quality of care through adequate reimbursement to attract an adequate number of qualified providers.
4. Through a computerized surveillance and utilization system, which supplies data in such form, the agency can reasonably determine that high quality care is provided in sufficient quantity.
5. The Medical Advisory Committee and various professional organizations assist in determining appropriate levels of care and maintain liaison with providers of care.
6. Activities of Crippled Childrens Services, Vocational Rehabilitation, Mental Health, Welfare and other departments are coordinated to furnish effective services to recipients.
7. Providers of care who persist in deviating from established standards are subject to suspension from participation in the Title XIX program after review, evaluation and determination of such acts.

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8. Tennessee Medicaid assures that the Nurse Aide Training and Competency Evaluation Programs (NATCEPs) approved by the State on or before October 1, 1990, met and continue to meet Federal requirements as set out in the Omnibus Budget Reconciliation Acts (OBRA's) of 1987 and 1989.

The Tennessee Bureau of Manpower and Facilities has been delegated the function of approving NATCEPs. Their responsibilities are as follows:

- a. The Bureau of Manpower and Facilities will specify and approve within the context of the federal regulations all nurse aide training and competency evaluation programs whether facility based or not.
- b. The Bureau of Manpower and Facilities will be responsible for the competency evaluation program or will delegate same as it deems appropriate to another entity except the nursing facility itself and will maintain responsibility for assuring that individuals meet the competency evaluation requirements.
- c. The Bureau of Manpower and Facilities will provide to Medicaid those costs incurred as a result of the administration and implementation of NATCEP. Reimbursement by Medicaid to the Bureau of Manpower and Facilities for these activities is limited to actual costs, as required by Circular A-87.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS USED IN ASSURING NECESSARY TRANSPORTATION

The State agency assures that necessary transportation of recipients to and from providers of service will be provided. The method that will be used is as follows:

1. Emergency ambulance transportation on a state wide basis for recipients with emergency conditions. This is furnished as an item of Title XIX Medical Assistance (45 CFR 249.10 (b) (15) (i)).
2. Non-emergency transportation services on a state wide basis for recipients whose conditions are such that any other means of transportation is contraindicated.
3. Volunteer transportation services provided on a state wide basis for recipients who are determined eligible for transportation services. This includes services provided by friends, family members, volunteer organizations, etc. who are approved volunteer transporters.
4. Commercial transportation services such as taxicabs, vans, buses, common carriers, etc., provided on a state wide basis for recipients who are determined eligible for transportation services.

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State/Territory: TENNESSEE

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

I. Organ Transplants Covered

- A. Medicaid coverage shall be limited to the following organ transplant procedures, when considered reasonable and medically necessary:

1. Renal transplants
2. Heart transplants
3. Liver transplants
4. Corneal transplants
5. Bone Marrow transplants

Exceptions to the above list of transplants may be made for other non-experimental transplants if it is found to be medically necessary and cost effective as determined by Medicaid. The allowable inpatient days will be the average length of stay for that transplant.

- B. Medicaid coverage shall be limited to the number of inpatient hospital days listed below for each procedure.

<u>Transplant Procedures</u>	<u>Number of Allowable Days Per Transplant</u>
1. Heart transplants	43 days
2. Liver transplants	67 days
3. Bone Marrow transplants	40 days

- C. Organ procurement and services related to organ procurement shall not be a covered service except for autologous bone marrow collection.

II. General Requirements on Organ Transplants

- A. All transplants except for corneal and renal require prior approval from the Medicaid Medical Director. Prior approval is good for six (6) months. Hospitalization pre-admission approval is required for corneal and renal transplants.

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B. Documentation requirements:

1. The physician or provider is required to submit a medical authorization request form for prior approval. The form is to include the following information:
  - a. recipient's medical history and physical examination
  - b. age
  - c. diagnosis
  - d. prognosis
  - e. other therapies used
  - f. description of preoperative workup
  - g. description of surgical procedure
  - h. recipient's Medicaid eligibility date
  - i. if the procedure is available in-state or out-of-state
  - j. recipient's Medicaid identification number

- C. For an organ transplant to be covered under the Medicaid Program, there must be some likelihood that the transplant will achieve its purpose. For purposes of this determination, the prognosis must be that there is a reasonable expectation the patient's health or condition will be improved by the transplant.

III. Reimbursement

Reimbursement shall be provided for organ transplants only to the extent that the services provided do not exceed the reimbursement and service limitations as outlined in the Tennessee Medicaid program.

- A. Section 1862 of the Social Security Act requires Medicare recipients to have transplant procedures performed in Medicare certified transplant centers. In accordance with this policy, recipients who are dually eligible for Medicare and Medicaid will be required to adhere to these requirements. Transplants may be approved at centers other than those approved by Medicare for recipients with Medicaid only. Reimbursement shall be limited to the Medicare applied inpatient deductible methods in accordance with current pricing methodologies as outlined in the Tennessee Medicaid program.
- B. Transplant procedures performed in hospitals that are located out-of-state and outside the medical marketing area shall be subject to the Medicaid out-of-state reimbursement requirements as outlined in the Tennessee Medicaid State Plan.

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**STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES**

**IV. Qualification of Facility and Medical Staff.**

The hospital and physician performing the transplant must be recognized by the Medicaid Program as being competent to perform the transplant. A staffed and functioning unit at the hospital designed for and/or accustomed to performing transplants of the nature envisioned, recognized as competent by the medical community, will ordinarily be considered competent by the program.

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